

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>03-09</b>	2. STATE  <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <b>January 1, 2003</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  <b>OBRA 1993, Section 13611, P.L. 103-66</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> <b>(\$4,559.36)</b> b. FFY <u>2004</u> <b>(\$6,276.69)</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 9 to Att 2.6-A, Page 1d Supplement 9 to Att 2.6-A, Page 1d(1)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 93-30) New page</b>

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to amend the current Medicaid eligibility policy governing the transfer of assets and trusts to further define and clarify the consideration of annuities in the Medicaid eligibility determination process.**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME:  <b>David W. Hood</b>	
14. TITLE:  <b>Secretary</b>	
15. DATE SUBMITTED:  <b>March 24, 2003</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>26 MARCH 2003</b>	18. DATE APPROVED: <b>9 OCTOBER 2003</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 JANUARY 2003</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>ANDREW A. FREDRICKSON</b>	22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID &amp; CHILDREN'S HEALTH</b>

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 8b to ATTACHMENT 2.6-A  
Page 1  
OMB No. : 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902 (r) (2) OF THE ACT

☐ Section 1902 (f) State ☒ Non-Section 1902 (f) State

- 1) The Bureau of Health Services Financing eliminates the consideration of resources in determining Medicaid eligibility for the Low Income Families with Children and the child related Medically Needy Programs.
- 2) For annuities meeting the criteria contained in Supplement 9 to Attachment 2.6-A, page 1d, Item D, the amount of funds in the annuity account are disregarded as countable resources in determining eligibility for individuals under 42 CFR 435.236.

SUPERSEDES: TN- 01-16

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-26-03</u>	
DATE APP'D <u>10-9-03</u>	
DATE EFF <u>01-01-03</u>	
HCFA 179 <u>03-09</u>	

TN No. 03-09 Approval Date 10-9-03 Effective Date 01-01-03  
Supersedes  
TN No. 01-16

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

The above procedures in regard to trusts do not apply to trusts which provide that upon the death of such individual, the State will receive all amounts remaining in the trust up to an amount equal to the total medical assistance paid by Medicaid on behalf of the individual.

D. Annuities:

Effective January 1, 2003, the following shall govern annuities.

An annuity is defined as a contract or agreement by which one receives fixed, non variable payments on an investment for a lifetime or a specified number of years. An annuity containing a balloon payment will be considered an available resource. A commercial (non-employment related) annuity purchased by or for an individual using that individual's assets will be considered an available resource unless it meets all of the following criteria. The annuity:

1. is irrevocable;
2. pays out principal and interest in equal monthly installments (no balloon payment) to the individual in sufficient amounts that the principal is paid out within the actuarial life expectancy of the annuitant;
3. names the State of Louisiana, Department of Health and Hospitals or its successor agency as the residual beneficiary of funds remaining in the annuity, not to exceed any Medicaid funds expended on the individual during his lifetime; and
4. is issued by an insurance company licensed and approved to do business in the State of Louisiana.

Annuities issued before January 1, 2003 which do not provide for pay out of principal and interest in equal monthly installments and for which documentation is received from the issuing company that the "pay out" arrangements cannot be changed, will be considered to meet the new requirements once amended

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SUPERSEDES: TN# 93-30

TN# 03-09

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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to name the State of Louisiana, Department of Health and Hospitals or its successor agency as the residual beneficiary of funds remaining in the annuity, not to exceed any Medicaid funds expended on the individual during his lifetime.

E. Exceptions to the Application of Transfer of Assets Provisions:

1. The asset transferred was a home, and title to the home was transferred to:
  - a. the spouse or the child of the institutionalized individual who is under the age of 21 or who is blind or permanently and totally disabled;
  - b. a son or daughter of the institutionalized individual who was residing in the home for at least two years immediately before the applicant was admitted to the medical institution or nursing facility or waiver program, and who provided care which enabled the institutionalized individual to remain at home during that period; or
  - c. a sibling of an institutionalized individual who has an equity interest in the home and who was residing in the home for at least one year immediately before the applicant was admitted to the medical institution, nursing facility, or waiver program.

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SUPERSEDES: NONE - NEW PAGE

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